



***SFY*-2012 Immunize For Life
State-Supplied Vaccine Program
Monthly Tracking and Reimbursement Report
For Adults 19 Years and Older Only***

**Vaccine Type →
Recipient Type**



**Pneumovax
\$20.57 / dose**

**Tdap
\$26.53 / dose**

Out-of-State Residents

_____ doses

_____ doses

Self-Pay

_____ doses

_____ doses

**TOTAL DOSES
ADMINISTERED**

_____ doses

_____ doses

TOTAL COST

TOTAL PAYABLE

Send this form and your check to:

RI Department of Health
Immunization Program, Room 302
3 Capitol Hill, Providence, RI 02908
Attn: Deborah Porrazzo

Please make check payable to:
"General Treasurer - State of RI"

Enrollment PIN Number:

Provider/Facility Name

I attest that the above reported numbers are accurate and true.

Printed Name

Title

Signature

Date

* SFY: State Fiscal Year is the 12-month period beginning July 1 through June 30 each year
Reimbursements are based on the current price at time of submission, not date of administration.
Adult contract prices change each year on or about (not before) July 1st.
Rev. 12/01/2011